



**MEDICAL PAROLE
COURT APPROVAL/DENIAL FORM**

Date: _____

Name of proposed applicant for medical parole: _____.

This application (is / is not) initiated by the Department of Corrections.

Dear Judge:

The above-listed person would like to apply for a medical parole.

You included a parole restriction on the above-listed potential applicant's sentence (Cause # _____).

According to Mont Code Ann. § 46-23-210 the offender is not eligible for medical parole unless he/she has the "approval of the sentencing judge."

Please consider whether you will approve this offender to apply for medical parole and indicate your decision on this form.

Please return this completed signed and dated form to:

For Male Offenders

IPPO Office
Montana State Prison
700 Conley Lake Rd.
Deer Lodge, MT 59722

For Female Offenders

IPPO Office
Montana Women's Prison
701 South 27th Street
Billings, MT 59101

I hereby **Approve** **Deny** (circle one) _____ for medical parole consideration.

DATED this _____ day of _____.

JUDGE of the District Court